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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000019298 (4)
 1. Corporation Name
HARBOR AUTOMOTIVE, INC.



Principal Place of Business: **870 SANSU CT SUITE A LONGWOOD FL 32750 US**
 Mailing Address: **870 SANSU CT SUITE A LONGWOOD FL 32750 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/29/1996**

4. FEI Number: **59-3373799**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21 1310 E. FIRST AVENUE**
 Suite, Apt. #, etc. _____
 City & State: **23 MOUNT DORA, FLORIDA**
 Zip: **24 32757** Country: **25 US**

2a. Mailing Address: **26 1310 E. FIRST AVENUE**
 Suite, Apt. #, etc. _____
 City & State: **27 MOUNT DORA, FLORIDA**
 Zip: **29 32757** Country: **30 US**

9. Name and Address of Current Registered Agent
VELEZ, SARAH E
814 CASTLE DR
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name _____
 82 Street Address (P.O. Box Number is Not Acceptable) _____
 83 _____
 84 City **FL** 85 Zip Code _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Isabel Vega, President (ISABEL VEGA) 4-01-98**

12. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	VELEZ, KENT S	
STREET ADDRESS	370 SANSU CT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	VELEZ, SARAH E	
STREET ADDRESS	870 SANSU CT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ISABEL VEGA	
1.3 STREET ADDRESS	814 CASTLE DRIVE	
1.4 CITY-ST-ZIP	ALTAMONTE SPR, FL 32714	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOISES VEGA	
2.3 STREET ADDRESS	814 CASTLE DRIVE	
2.4 CITY-ST-ZIP	ALT. SPR, FL 32714	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Isabel Vega, President ISABEL VEGA 4-01-98**

CR2E034 (10/97)